REQUEST FOR PRINTING SERVICES



State Form 39141 (R7 / 8-05) / DWD Form 2811

Request	for	One	Hour	Service

Time Delivered:

Form Description:	Cost Center	Project Code	Activity Code	Quanity Ordered	Date Ordered			
Form Number(s) (State / DWD)	Orignals		Finished Size					
Paper Stock 20# Bond Card Stock	Printing	Instructions		Special Instructions				
White	One Sid	e Only						
Buff	Head to	Head						
Green	Head to	Foot						
Pink	Head to	Right						
Blue	Head to	Left		Job Layout (Printshop Only)				
lvory	3 Hole D	Drill	1 Side On	1 Side Only 2 to a Sheet 2 Sided				
Gldn Rod	Pad	Per Pad	2 Sided	2 Sided Tab Set				
Canary	Collate		4 to a She	4 to a Sheet L23745022 (Laminate)				
Salmon	Staple		4 to a Sheet 2 Sided L23745011 (Laminate)					
Other *	Fold (See	e Reverse Side)	8 to a She	8 to a Sheet Other				
	tion (See Reverse Sid	e) 2 to a She	et 1 Sided Other					
Envelope #9 #10 10x13	Other		Business	Cards Other				
IF THIS IS A REVISED FORM - DISPOSITION OF PRIOR EDITIONS THIS ORDER IS FOR A: If this is a reprint did you attach a copy of the latest edition of the Form?								
Use prior editions until suppy is exhausted before issuing New Stoc	k Reprint	(Send Sample)	Yes	Yes No If "No" , explain why				
Destroy all stock bearing the date of or earlier.								
DISPOSITION New Form								
ACTION TO TAKE UPON COMPLETION OF JOB		Orde	ing Section					
Name Phone Signature (Section Supervisor) Retain all copies in stock of Ordering Section								
Send all copies to	Revi	Reviewed & Cleared (Forms Management)						
FOR	PRINTSHOP AN	 D STOCKROOM (USE ONLY					
Job Number Post to Stoo	ı. 🗆	on at Ohim	Drinting Mool	hina Haad				
		rect Ship	Printing Macl					
Stock Item To	tal Originals or tal Sides or ges Ripped		1250 T 51	Cannon	Color Copier			
Sheets Used			1275	Hamada	ı			
Printer			1275 Black	System	6			
Complete Date Run 1	ime		Xerox 4635	Other				

REQUEST FOR MAILROOM SERVICE'S OFFICE SERVICES							Control Num	Dei				
Form/Exhibit No.	it No. Title/Description					Codes Project Activity			Cost center			
_				SERVICE	(S) RE	QUESTED						
FOLDING - I	No. of sheets	•			F	Stapling - No. of	finished	copies	•			
Single			Accordion Other cannot be machine mailed Describe or attach s		sample	Upper Left		Upper Right		Double Or eft or Right Side attach sa		
			$ \ge $					_		1		
	INSERTING	•				COLLATING					•	
Number of inserts	mber of inserts No. sheets per insert		Total sheets inserted No. o		o. of finished sets No. of shee		No. of sheets per	ts per set Total No. she		neets collated		
REMARKS:	-		l		<u> </u>			<u> </u>		l		
Date	Ordering Section					Signature of Section Supervisor						
Date Received					IAIL R	AIL ROOM PERSONNEL ONLY [Mail Room Supervisor						
Date Neceived	Received Date Completed Finished by:						Iviali	Noom Superviso				
Field Offices Send	Cc	pies to <i>ALL</i>	FIELD OF	FFICES; or		Date:Project /Act	tivity C	ode:	Cost Co	enter:		
	pies as indicated		L.C.		_	Date			Ob	le e e 201 e		
	ndersonFranklin					Linton		Shelbyville South Bend				
	AuburnGary			Logansport Madison				Terre F				
	Bedford Hammond			۵		Marion		Vincennes				
Columbus	Bloomington Indpls. Eastside Columbus Indpls. Michigan St.				Martinsville			Columbus				
	Connersville Indpls. Westside			Muncie			buo					
Elkhart				New Albany			Adjudication Center					
Evansville	Evansville Kokomo				New Castle			Review Bo				
Fishers		Lafayette			Portage			Training				
Fort Wayr	ne	LaPorte			Portage Annex			UI Appeals				
Ft. Wayne	Adj.	Lawrenceburg			Richmond							
Other		_										
Program [Program DirectorsALL Managers & Supervisor				orsAdmin Office Managers & Supervis			ervisors				
Fiscal Age	Fiscal AgentsSingle Point Contact			t	Field Office Managers							
WIB Chair	r		WIB	B Director				WIB Chi	ef Elected C	offcial		
All DWD S	Staff		Oth	er								
Return Extra	Copies To:	00	Name	1				Rm Number		Telepl	hone	